Form NP-1 Sales and Use Tax Exemption Application for Nonprofit Organizations

• Please read instructions carefully before completing this form. For assistance call (804) 371-4023 • Completed form can be mailed or faxed to: Virginia Department of Taxation **Nonprofit Exemption Unit** Post Office Box 27125 Richmond, VA 23261-7125 FAX Number: (804) 786-2645 **Section I: Reason for Submitting Form** Please Select the appropriate box that applies to your request. See page 1of the instructions. □ New Exemption Application □ Renewal Application **Section II - Business Information** 1. Enter Legal Name of the Organization: Enter organization's Federal Employer Identification Number (FEIN): 3. Enter physical address of the organization. See page 1 of the instructions. City _____ State ____ Zip Code ____ 4. Enter address if different from the physical address, where the financial records of the organization are available for public inspection (certificate will be mailed to the physical address provided). See page 1 of the instructions. 5. Enter name and mailing address of a contact person for the organization. See page 1 of the instructions. Name _____ Telephone Number _____ Street _____ City _____ State ____ Zip Code _____ FAX Number _____ E-mail address____ Select the box that best describes the primary purpose of the organization (choose only one). See page 1 of the instructions. Civic and Community Service Organization Educational Organizations Church Medical Organizations **Cultural Organizations**

 Section III – Nonprofit Church 7. If the organization is a church and is applying for a retail sales and use tax exemption, Select only one box below. See page 2 of the instructions. 							
Option 1 - Form ST-13A: Stop here. You have completed the process for applying for the ST-13A self-issued exemption certificate. The organization will not be assigned a tax-exempt number. If applying online, you may download your ST-13A Exemption Certificate now. If completing a paper application, please mail to the department for processing. Your exemption certificate will be mailed to the physical address provided once approved by the department.							
Option 2 - Tax-Exempt Number: Proceed to Section V– Financial Information. You must provide a yearend financial statement if applying for Option 2.							
Section IV – Exemption Type							
8. Select the box if you are exempt from collecting the sales tax on sales made by the organization; exempt from payin sales and use tax on taxable services or you are a Veterans Service organization. <i>See pages 2-4 of the instructions before making a selection.</i>							
Organization Classifications – Make only one selection from the list below.							
☐ Cancer Organizations							
☐ Cardiovascular Organizations							
☐ Diabetes Organizations							
☐ Exempt Taxable Services							
☐ Food Bank Organizations							
☐ Fundraising activities for elementary or secondary schools, parent teacher associations or other groups associated with a nonprofit elementary or secondary school							
☐ Lung Organizations							
□ Noncommercial Educational Telecommunications Entity							
□ Nonsectarian Youth Organizations(e.g. Boy and Girls Scouts)							
□ Nutrition Programs							
□ Physical Education Programs							
□ Provide Food Packages at Reduced Prices							
☐ Services for the blind, deaf, hearing impaired, drug abuse programs, and musically talented children of Virginia (Lions Clubs)							
□ Supports Public Libraries							
☐ Training and Education in Law Enforcement							
□ Veterans Service Organizations							
□ Virginia Federation of Humane Societies							
□ Volunteer Fire Department and Rescue Squads							
□ Volunteer Medical Service Organizations							
☐ Youth Symphony Orchestras							
□ Other							
 Section V - Financial Information 9. Enter the total dollar amount of the organization's annual gross revenue (AGR), fundraising expenses, and administrative expenses for the previous year. If you are a new organization and have no financial information at this time, enter zero(s) in the applicable fields. If the annual gross revenue is less than \$5,000, you must attach a copy of the organization's mission statement or statement of purpose. See page 4-5 of the instructions. 							
a) Enter organization's total annual gross revenue for the previous year. \$							
b) Enter organization's total fundraising expenses incurred for the previous year. \$							
c) Enter organization's total administrative expenses for the previous year. \$ Page 2							

	Lion VI - Total Purchases Made in Virginia Does the organization intend to make purchases in Please select one:	Virginia? See page 5 of the in	nstructions.
	\Box YES	\square NO	
	f yes, enter an estimate of the dollar amount of Vir or to be made in the current year. Please allocate regions provided below. Do not include the sales	the purchases as accurately as	s possible in the
Vir	ginia Regions	Total Purchases - 2015	Total Purchases - 2016
Arli Fall	rthern Virginia Region: Alexandra City, ngton County, Fairfax City, Fairfax County, s Church City, Loudon County, Manassas City, nassas Park City, Prince William County		
Har Nev City	mpton Roads Region: Chesapeake City, Franklin City, npton City, Isle of Wight County, James City County, vport News City, Norfolk City, Poquoson City, Portsmor, Southampton County, Suffolk City, Virginia Beach Citliamsburg City, York County		
Else	ewhere throughout Virginia		
	NOTE: Failure to provide this information ma	y result in the denial of the e	exemption request.
a). I and g	Are you required to file a federal Form 990, 990-E the instructions.	□ NO turn (MM/DD/YY) e the form is due. You may be	If you are newly organized asked to provide a copy of the
	nit a copy of the organization's prior yearend finan		is of the Board of Directors and
1.	NAME:	TITLE:STA	\
	ZIP: PHONE NUMBER: () EMAIL ADDRESS:	FAX NUMBER: ()	
2	NAME:	TITLE:	ATT.
	ZIP:	FAX NUMBER: ()	
12.	Will the organization solicit contributions or dona	ations in Virginia? See page	5 of the instructions.
a).	☐ YES If yes, you must provide proof of registration from	□ NO The Virginia Department of A	griculture and Consumer
	Services. If you have any questions, call (804) 78	36-1343.	

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b) If no, there is no additional information is required.

Section VII - Signature

I declare that this organization's financial information is true, accurate, and complete.

	Date	

Authorized Representative

MAILING INFORMATION: Send completed form with attachments or change of address to:

Virginia Department of Taxation
Office of Customer Services
Nonprofit Exemption Unit
Post Office Box 27125
Richmond, Virginia 23261-7125
Telephone Number (804) 371-4023

Virginia Department of Taxation
Office of Customer Services
Nonprofit Exemption Unit
600 East Main Street
Richmond, Virginia 23219
Telephone Number (804) 371-4023

Fax: 804-786-2645 Fax: 804-786-2645

CHECKLIST

Please make sure <u>all</u> questions are answered and that the following documents are included with the application, if required:

- \checkmark 501(c)(3), 501(c)(4) or 501(c)(19) IRS Determination Letter
- **✓** Mission Statement or Statement of Purpose
- ✓ Proof of registration for Virginia Solicitation of Contributions Law
- ✓ Federal Form 990, 990EZ, 990PF, 990N e-Postcard, or substitute form
- ✓ Financial Review from an independent Certified Public Accountant
- ✓ Yearend Financial Statement for nonprofit churches with annual gross revenue less than \$750,000
- ✓ Total Taxable Purchases in Virginia (estimates are acceptable)
- ✓ Authorized Representative's Signature

NOTE: Incomplete applications will not be processed